

Girl Scout Membership Financial Assistance Request Form

If the Financial Assistance (FA) request is approved, the recipient's membership status will be updated to "active."

| SECTION I: Financial Assistance Applicant's Full Name <i>(as it appears on Membership Form)</i> <i>Please list each girl individually if there are multiple household members requesting assistance.</i> | County and Zip Code of Residence <i>If you live in one of the following zip codes (29322, 29349, 29356), then please complete SECTIONS I and III only.</i> | Has she ever applied for financial assistance? | Does she receive free or reduced lunch or another form of government assistance? | Is she a foster child? |
|---|--|---|---|-------------------------------|
| | County | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Zip Code | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | County | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Zip Code | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | County | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Zip Code | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | County | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Zip Code | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION II: Eligibility Information

Complete this eligibility section each time FA is requested (all fields required to process application). INCOME is defined as annual wages, unemployment benefits, child support, social security, state aid, etc. for all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income within 12 months.

Please **CIRCLE** your Income range based on your Family Size
(for example if there are 5 people in your household, refer to the "HOUSEHOLD SIZE of 5" line):

| Household Size | Household Income Levels | | | |
|----------------|-------------------------|---------------------|---------------------|--------------------|
| 1 | \$0 - \$13,500 | \$13,501 - \$22,450 | \$22,451 - \$35,950 | More than \$35,951 |
| 2 | \$0 - \$16,020 | \$16,021 - \$25,650 | \$25,651 - \$41,050 | More than \$41,050 |
| 3 | \$0 - \$20,160 | \$20,161 - \$28,850 | \$28,851 - \$46,200 | More than \$46,200 |
| 4 | \$0 - \$24,300 | \$24,301 - \$32,050 | \$32,051 - \$51,300 | More than \$51,300 |
| 5 | \$0 - \$28,440 | \$28,441 - \$34,650 | \$34,651 - \$55,450 | More than \$55,450 |
| 6 | \$0 - \$32,580 | \$32,581 - \$37,200 | \$37,201 - \$59,550 | More than \$59,550 |
| 7 | \$0 - \$36,730 | \$36,731 - \$39,750 | \$39,751 - \$63,650 | More than \$63,650 |
| 8 | \$0 - \$40,890 | \$40,891 - \$42,350 | \$42,351 - \$67,750 | More than \$67,750 |

Please list any additional information about expenses or circumstances that affect household/family income.

Starting in September 2017, Girl Scouts of South Carolina—Mountains to Midlands will only grant financial assistance to girls. There are limited funds for adult registration, and financial assistance will be considered for adults on a case by case basis. Please use the section below to explain any extenuating circumstances for adult financial assistance.

SECTION III: Applicant Statement: *I hereby certify that the information on the form is accurate and complete. I understand that this self-certification may be subject to further verification by Girl Scouts of South Carolina—Mountains to Midlands. I, therefore, authorize such verification, and I will provide supporting documents, if necessary.*

Parent/Guardian Full Name (Please Print)

Signature (Parent or Guardian, if participant is under 18 years old)

Date

Parent/Guardian Email

Phone

Office Use Only

___ Financial Assistance has been approved

Grant Code or Program Name: _____ Processed By: _____

___ Financial Assistance has not been approved. Explain: _____